PATENT APPLICATION LE DETERMINATION RECORD

lication or Docket Number

Effective October 1, 2003

10/511829

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
<u> _</u>		·	(Colum	n 1)	(Coli	(Column 2)		TYPE		OF	OTHER THAN	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	 	٦,		
TOTAL CHARGEABLE CLAIMS			21 minus 20=		•					OR		
INDEPENDENT CLAIMS			0		•			XS 9=	<u> </u>	OR	X\$18=	
MULTIPLE DEPENDENT CLAIM PR			1 7-1	ninus 3 =	-			X43=		OR	X86=	
 								+145=		OR	-290=	
™. (1	the differenc	e in column 1 is	less than zero, enter "0" in column 2			column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1)			<u> </u>	(Column 2) (Col			_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1.31	Minus	**		=		XS 9=		OR	X\$18=	
	Independent FIRST PRESI	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CL AIM	=		X43=		OR	X86=	
	The state of the s							+145=		OR	+290=	
				•			^	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)		0011.1			AUDII. PEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·*	Minus	**		2		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=	t	X43=		l 1	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-			OR		
							Ŀ	+145=		OR.	+290=	
							AC	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
- T		(Column 1)		(Column		(Column 3)						
AMEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	independent	•	Minus	***		=	-	X43=		. 		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -	X86=	
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								ļ	OR	+290=	. [
	THE PROPERTY AND PROPERTY OF THE PROPERTY OF T	TOTAL DIT. FEE		L OR ;	TOTAL							
		nber Previously Paid ber Previously Paid	IN FOR IN I HIS	CDACE in In		A	ound	in the appr		A A	DDIT. FEE L mn 1.	